

Application for Funding Assistance
Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

3. Program Objectives and Performance Measures: Up to three types of objectives may be included in this section of your subgrant application, i.e., Uniform Objectives, Project-Specific Objectives and Self-Generated Objectives. If you are proposing a project in one of the Authorized Program Areas with no Uniform Objectives, contact FDLE, Office of Criminal Justice Grants, at (850) 410-8700 for further guidance. Continue on a second page if necessary.

- a. List the number and title of the Program Area to be addressed. Refer to Appendix II, Part II, for a listing of authorized program areas. (Select only 1 Program Area)

04A
(#)

Community Crime Prevention
(Title)

JUN 25 2004

OFFICE OF CRIMINAL JUSTICE GRANTS

- b. List Uniform Objectives first, followed by any other appropriate objectives you may wish to address. If additional objectives are included, please identify whether they are Project Specific or Self-Generated Objectives. Uniform and Project Specific Objectives form the basis for collection of data and quarterly performance reporting.

Uniform Objectives (Mandatory, copy as worded for the program area addressed and include all appropriate questions. Include Objectives from only 1 program area, Objectives from a different program area could be included as Project Specific Objectives).

04A – Community Crime Prevention		
04A.01	Provide fifty (50) alternative drug-free events. [Alternative drug-free events would include such things as sporting events, games, field trips, parties, etc., i.e., any participatory event designed to strengthen the anti-drug message and bond those participating in the event.] Part 1 – During this reporting period, how many alternative drug free events were conducted? [Identify in the narrative portion of this report the names of these events and describe how the anti-drug and/or anti-crime message was incorporated in each event.]	<u>Numeric</u>
04A.02	Present twenty (20) crime and substance abuse prevention education classes. Part 1 – During this reporting period, how many crime prevention and substance abuse education classes were presented? [Briefly discuss these classes in the narrative.]	<u>Numeric</u>
04A.03	Conduct fifty (50) life skill development education classes. Part 1 – During this reporting period, how many life skill development education classes were presented? [Briefly discuss these classes in the narrative.]	<u>Numeric</u>
04A.04	Create, expand, or enhance community, neighborhood, or school-based recreation programs. Part 1 – Did the subgrant create or expand one or more community of neighborhood recreation programs? Part 2 – No longer applicable. Part 3 – No longer applicable. Part 4 – No longer applicable. Part 5 – Did the activities include academic tutoring? Part 6 – No longer applicable. Part 7 – Did the activities include drug awareness and prevention education? Part 8 – No longer applicable.	<u>Y/N</u>
04A.05	Conduct twelve (12) meetings with community leaders for the purpose of identifying neighborhood problems and developing proposed solutions and support groups. [Activities under this objective should be reported separately from those that are undertaken in conjunction with Neighborhood Watch and	<u>Numeric</u>

<p align="center">Application for Funding Assistance Florida Department of Law Enforcement Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</p>
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	Business Watch Programs.] Part 1 – During this reporting period, how many meetings with community leaders for the purpose of identifying neighborhood problems and developing proposed solutions were conducted? Part 2 – During this reporting period, how many communities completed the Coalition Development Training Course conducted by the FCTA? (State Agency / Military Affairs only)	
04A.09	Conduct ten (10) community service projects which may include neighborhood clean-up campaigns. Part 1 – During this reporting period, how many community service projects which may include neighborhood clean-up campaigns, were conducted.	<u>Numeric</u>

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Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

F. Project Budget

1. Budget Schedule

- a. The Project Budget Schedule includes five Budget Categories (Salaries and Benefits, Contractual Services, Expenses, Operating Capital Outlay, and Indirect Costs) and Total Project Costs. Total Local Match must be a minimum of 25% of the Total Budget.
- b. Enter the amount of federal, matching, and total funds by budget category that you will use to support project activities. Enter dollar amounts only in applicable categories based on totals from the Budget Narrative and leave others blank. Total Local Match must be a minimum of 25 percent of the Total Budget.

Type or Print Dollar Amounts Only in Applicable Categories and Leave Others Blank.

Budget Category	Federal	Match	Total
Salaries And Benefits			
Contractual Services	56,975.00	18,992.00	75,967.00
Expenses			
Operating Capital Outlay			
Indirect Costs			
Totals	56,975.00	18,992.00	75,967.00

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5. If the budget includes services based on unit costs, be sure to provide a definition and cost for each service as part of the budget narrative for contractual services. Provide the following information.

a. What is the basis for the unit costs?

b. How recently was the basis established or updated?

GROSS SALARY/BENEFITS FOR:

MYCP Keys Director Approx 800 hours @ \$20/hour	\$16,000
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MYCP Program Supervisor Approx 850 hours @ \$20/hour	\$17,000
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MYCP Prevention Training Events and Classes: School District Counselors or Advisors, And Youth Development Advisors 1,350 hours @ \$20/hr	\$42,967
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TOTAL REQUEST:	\$75,967
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Purchasing methods to be used will conform to existing Federal, State, and Local laws and regulations.

Monroe County will contract with the Monroe County Sheriff's Department for this project.

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Florida Department of Law Enforcement

Effective Date: 10/01/03

Expiration Date: 9/30/04

Contract Purpose/Description: Funds provided through FDLE Agreement for implementation of the Monroe Youth Challenge III as part of Monroe County's FY04 Edward Byrne Memorial Law Enforcement Grant Program

Contract Manager: David P. Owens
(Name)

4482
(Ext.)

OMB/Grants Mgt.
(Department)

for BOCC meeting on 10/15/03

Agenda Deadline: 09/30/03

CONTRACT COSTS

Total Dollar Value of Contract: \$68,741.00

Current Year Portion: \$68,741.00

Budgeted? Yes ☒ No

Account Codes: 125-06021-530490-GG0412-XXXXXX

Grant: \$51,555.00

County Match: \$17,186.00

ADDITIONAL COSTS

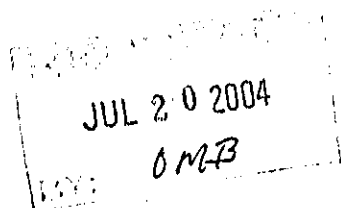
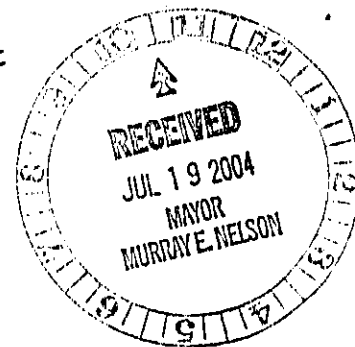
Estimated Ongoing Costs: \$2857.00
(Not included in dollar value above)

For: Staff support-filing reports, oversight
(e.g. Maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reviewer	Date Out
Division Director	<u>7-21-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Sheila A. Barker</u>	<u>7-28-04</u>
Risk Management	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
O.M.B./Purchasing	<u>7-28-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>M. Slattery</u>	<u>7-28-04</u>
County Attorney	<u>7/27/04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>S. H. Th</u>	<u>7/27/04</u>
Comments: _____				

Office of Criminal Justice Grants
Florida Department of Law Enforcement
2331 Phillips Road
Tallahassee, Florida 32308
Byrne Formula Grant Program



SUBGRANTEE: Monroe County Board of Commissioners

TITLE OF PROJECT : Transitional Housing for the Homeless
Substance Abuse Prevention Program 4

GRANT NUMBER: 04-CJ-J3-11-54-01-017

ADJUSTMENT NO.: 1

NATURE OF ADJUSTMENT: REVISED BUD SCHED, NARR, OBJ

DATE: 7-9-04

GRANT ADJUSTMENT NOTICE

TO SUBGRANTEE:

Page 1 of 2

Pursuant to your request of 06/18/2004 the following change, amendment, or adjustment in the above grant project is approved subject to such conditions or limitations as may be set forth below:

Clayton H. Wilder
Authorized Official
Clayton H. Wilder
Community Program Administrator

The following revised budget is approved:

	Current Approved Budget	Difference	New Approved Budget
Salaries & Benefits	0.00	0.00	0.00
Contractual Services	51,224.00	17,517.00	68,741.00
Expenses	0.00	0.00	0.00
Operating Capital Outlay	0.00	0.00	0.00
Data Processing Services	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00
TOTAL PROJECT COSTS	51,224.00	17,517.00	68,741.00
	Federal	Match	Total Funds
NEW APPROVED BUDGET	51,555.00	17,186.00	68,741.00

Adjustment No.1
04-CJ-J3-11-54-01-017
Page 2

The revised budget reflects a supplemental award of federal funds in the amount of \$13,137.00 and an increase of local match of \$4,380.00.

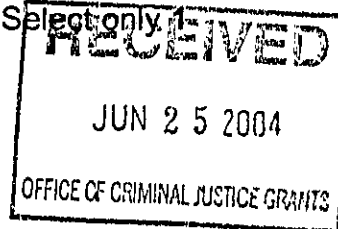
Retain this Grant Adjustment as part of official project records.
4-13-93

Application for Funding Assistance
Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

3. Program Objectives and Performance Measures: Up to three types of objectives may be included in this section of your subgrant application, i.e., Uniform Objectives, Project-Specific Objectives and Self-Generated Objectives. If you are proposing a project in one of the Authorized Program Areas with no Uniform Objectives, contact FDLE, Office of Criminal Justice Grants, at (850) 410-8700 for further guidance. Continue on a second page if necessary.

- a. List the number and title of the Program Area to be addressed. Refer to Appendix II, Part II, for a listing of authorized program areas. (Select only 1 Program Area)

20A Corrections Alternative - Halfway House
 (#) (Title) Drug Testing



- b. List Uniform Objectives first, followed by any other appropriate objectives you may wish to address. If additional objectives are included, please identify whether they are Project Specific or Self-Generated Objectives. Uniform and Project Specific Objectives form the basis for collection of data and quarterly performance reporting.

Uniform Objectives (Mandatory, copy as worded for the program area addressed and include all appropriate questions. Include Objectives from only 1 program area, Objectives from a different program area could be included as Project Specific Objectives).

20A – Corrections Alternatives – Halfway House		
20A.01	Provide forty-nine (49) offenders with transitional housing. Part 1 – During this reporting period, how many offenders were NEW ADMISSIONS and/or READMISSIONS to transitional housing?	<u>Numeric</u>
20A.02	Provide forty-nine (49) offenders with case management services and daily structured activities. Part 1 – During this reporting period, were most offenders provided with case management services? Part 2 – During this reporting period, were most offenders provided with daily structured activities?	<u>Y/N</u>
20A.03	Provide forty-nine (49) offenders with short-term individual and group supportive life skills counseling. Part 1 – During this reporting period, were most offenders provided life counseling?	<u>Y/N</u>

PS001 Provide 800 drug tests.

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F. Project Budget

1. Budget Schedule

- a. The Project Budget Schedule includes five Budget Categories (Salaries and Benefits, Contractual Services, Expenses, Operating Capital Outlay, and Indirect Costs) and Total Project Costs. Total Local Match must be a minimum of 25% of the Total Budget.
- b. Enter the amount of federal, matching, and total funds by budget category that you will use to support project activities. Enter dollar amounts only in applicable categories based on totals from the Budget Narrative and leave others blank. Total Local Match must be a minimum of 25 percent of the Total Budget.

Show all figures rounded to the next highest dollar and do not include cents

Type or Print Dollar Amounts Only in Applicable Categories and Leave Others Blank.

Budget Category	Federal	Match	Total
Salaries And Benefits			
Contractual Services	51,555.00	17,186.00	68,741.00
Expenses			
Operating Capital Outlay			
Indirect Costs			
Totals	51,555.00	17,186.00	68,741.00

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\$5,990.63 divided by 365 days = \$16.41 per day

Total Byrne Funds plus MC Match = \$51,224.00

\$68,741.00 divided by unit cost of \$16.41 = 4,189 funded bed days

A bed day is defined as shelter, food, case management, shower, laundry, local transportation, telephone, personal care items, daily drug testing, employment referral, compliance monitoring, and life-skills education.

b. How recently was the basis established or updated?

Income:

Byrne Grant	51,555
Monroe Cty. Match	17,186
Other Funding Sources	75,034
Total	143,775.00

Expenses:

Salaries/Benefits	76,409
Utilities	13,516
Telephone	2,500
Drug Testing	9,000
Maint. Supplies	5,000
General Ops	15,750
Life Skills Training	21,600
Total	143,775.00

Services will be provided under contract between Monroe County and the Florida Keys Outreach Coalition, Inc.

Purchasing methods to be used will conform to existing Federal, State, and Local laws and regulations.

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Florida Department of Law Enforcement

Effective Date: 10/01/03

Expiration Date: 9/30/04

Contract Purpose/Description: Funds provided through FDLE Agreement for implementation of the Safeport Residential Drug and Alcohol Treatment Center III as part of Monroe County's FY04 Edward Byrne Memorial Law Enforcement Grant Program

Contract Manager: David P. Owens
(Name)

4482
(Ext.)

OMB/Grants Mgt.
(Department)

for BOCC meeting on 11/19/03

Agenda Deadline: 11/04/03

CONTRACT COSTS

Total Dollar Value of Contract: \$21,895.00

Current Year Portion: \$21,895.00

Budgeted? Yes X No

Account Codes: 125-06020-530490-GG0411-XXXXXX

Grant: \$16,421.00

County Match: \$5,474.00

ADDITIONAL COSTS

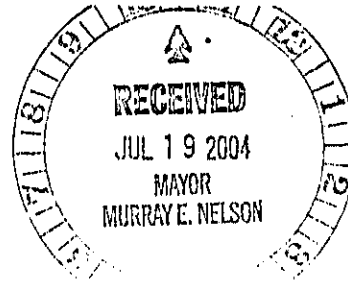
Estimated Ongoing Costs: \$2857.00
(Not included in dollar value above)

For: Staff support-filing reports, oversight
(e.g. Maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reviewer	Date Out
Division Director	_____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Shirley A. Barker</u>	<u>7-28-04</u>
Risk Management	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
O.M.B./Purchasing	<u>7-28-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>M. Slane</u>	<u>7-28-04</u>
County Attorney	<u>7/27/04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>Shirley A. Barker</u>	<u>7/27/04</u>
Comments: _____				

Office of Criminal Justice Grants
Florida Department of Law Enforcement
2331 Phillips Road
Tallahassee, Florida 32308
Byrne Formula Grant Program



JUL 20 2004
0113

SUBGRANTEE: Monroe County Board of Commissioners

TITLE OF PROJECT: Safeport Residential Drug and Alcohol
Treatment Center 3

GRANT NUMBER: 04-CJ-J3-11-54-01-018

ADJUSTMENT NO.: 1

NATURE OF ADJUSTMENT: REDUCTION IN FEDERAL FUNDS

DATE: 7-9-04

GRANT ADJUSTMENT NOTICE

TO SUBGRANTEE:

Page 1 of 2

Pursuant to your request of 06/18/2004 the following change, amendment, or adjustment in the above grant project is approved subject to such conditions or limitations as may be set forth below:

Clayton H. Wilder
Authorized Official
Clayton H. Wilder
Community Program Administrator

The following revised budget is approved:

	Current Approved Budget	Difference	New Approved Budget
	-----	-----	-----
Salaries & Benefits	0.00	0.00	0.00
Contractual Services	69,727.00	-47,832.00	21,895.00
Expenses	0.00	0.00	0.00
Operating Capital Outlay	0.00	0.00	0.00
Data Processing Services	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00
	-----	-----	-----
TOTAL PROJECT COSTS	69,727.00	-47,832.00	21,895.00
	=====	=====	=====
	Federal	Match	Total Funds
	-----	-----	-----
NEW APPROVED BUDGET	16,421.00	5,474.00	21,895.00

Adjustment No.1
04-CJ-J3-11-54-01-018
Page 2

The revised budget reflects a reduction in the federal funds in the amount of \$35,874.00 and a reduction in the local match of \$11.958.00

Retain this Grant Adjustment as part of official project records.
4-13-93

Application for Funding Assistance
Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

F. Project Budget

1. Budget Schedule

- a. The Project Budget Schedule includes five Budget Categories (Salaries and Benefits, Contractual Services, Expenses, Operating Capital Outlay, and Indirect Costs) and Total Project Costs. Total Local Match must be a minimum of 25% of the Total Budget.
- b. Enter the amount of federal, matching, and total funds by budget category that you will use to support project activities. Enter dollar amounts only in applicable categories based on totals from the Budget Narrative and leave others blank. Total Local Match must be a minimum of 25 percent of the Total Budget.

Type or Print Dollar Amounts Only in Applicable Categories and Leave Others Blank.

Budget Category	Federal	Match	Total
Salaries And Benefits			
Contractual Services	16,421.00	5,474.00	21,895.00
Expenses			
Operating Capital Outlay			
Indirect Costs			
Totals	16,421.00	5,474.00	21,895.00

Application for Funding Assistance
Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

2. Budget Narrative

- a. The Project Budget Narrative may reflect costs in any of the five budget categories (Salaries and Benefits, Contractual Services, Expenses, Operating Capital Outlay (OCO), Indirect Costs). The Total Project Costs should be included.
- b. You must describe the line items for each applicable budget category for which you are requesting subgrant funding. Provide sufficient detail to show cost relationships to project activities. Reimbursements will only be made for items clearly identified in the budget narrative.
- c. Costs must not be allocated or included as a cost to any other federally financed program.

(Continue on additional pages if necessary.)

Please respond to the following five items before providing the details of the Budget Narrative.

1. Source of match must be cash and represent no less than twenty-five (25) percent of the project's cost.
 - a. Identify your specific sources of matching funds. **General revenue fund.**
 - b. Is match available at the start of the grant period? **yes**
 - c. If match will be provided from a source other than the subgrant recipient or the implementing agency, how will the match be tracked and verified? (The subgrantee is responsible for compliance.) **n/a**
2. If Salaries and Benefits are included in the budget as Actual Costs for staff in the implementing agency, is there a net personnel increase, or a continued net personnel increase from the initial year?
No: _____ If no, please explain.

Yes: XX If yes, please list number and title of position and type of benefits.
3. Indicate the OCO threshold established by the subgrantee. **\$750.00**
4. If Indirect Cost is included in your budget please indicate the basis for the plan (e.g. percent of salaries and benefits), and provide documentation of the appropriate approval of this plan. **n/a**
5. If the budget includes services based on unit costs, be sure to provide a definition

Application for Funding Assistance Florida Department of Law Enforcement Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program
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and cost for each service as part of the budget narrative for contractual services. Provide the following information.

- a. What is the basis for the unit costs?
- b. How recently was the basis established or updated?

An individualized treatment plan will be prepared for each client according to his/her needs. Services will be delivered based on the treatment plan. A schedule of services for Outpatient Treatment and Aftercare is shown below. Based on a representative schedule of services, 18 unduplicated individuals will be served with 10 of those individuals successfully completing the program.

Outpatient Treatment

Service	Rate	Duration	total units	rate	total \$
Treatment Planning	\$97.00/plan	45-75 min	0.00	97.00	0.00
Individual Therapy	\$110.00/hour	60 min	97.00	110.00	10,670.00
Family Therapy	\$110.00/hour	60 min	17.25	110.00	1,897.50
Group Therapy	\$35.00/session	60-90 min	122.00	35.00	4,270.00
Vocational Training	\$25.00/session	60-90 min	127.00	25.00	3,175.00
Psychosocial Assessment	\$48.50/assess.	20-30 min	72.00	0.00	0.00

Aftercare

Service	Rate	Duration			
Individual Therapy	\$110.00/hour	60 min	60.00	10.75	1,182.50
Group Therapy	\$35.00/session	60-90 min	120.00	20.00	700.00
					21,895.00

The rates shown above have been established based on costs established under guidelines from the Florida Department of Children and Families. The total budget for the project is as follows:

Grant Request (Byrne Funds)	\$16,421
Local Match (County Funds)	<u>5,474</u>
Total Grant Program Costs	\$21,895

**The following section contains copies
of the original contracts.**



Florida Department of
Law Enforcement

Daryl G. McLaughlin
Interim Commissioner

Office of Criminal Justice Grants

Mailing Address:
Office of Criminal Justice Grants
Florida Department of Law Enforcement
2331 Phillips Road
Tallahassee, Florida 32308
(850) 410-8700

Attachment C
Boys & Girls Club

September 25, 2003

The Honorable Dixie Spehar
Mayor, Monroe County
Board of Commissioners
500 Whitehead Street, Suite 102
Key West, Florida 33040

Re: 04-CJ-J3-11-54-01-016 / Boys & Girls Club Street S.M.A.R.T.
Gang Prevention 3

Dear Mayor Spehar:

The Florida Department of Law Enforcement is pleased to award a Byrne State and Local Law Enforcement Formula Grant in the amount of \$27,450 to your unit of government. These funds shall be utilized to implement a Byrne Program under Purpose Area 04A - Community Crime Prevention.

A copy of the approved subgrant application with the above referenced grant number and project title is enclosed for your file. All correspondence with the Department should always refer to the grant number and project title.

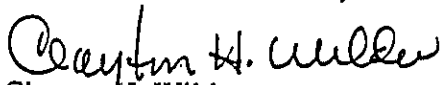
Your attention is directed to Section G of the subgrant, "Acceptance and Agreement". These conditions should be reviewed carefully by those persons responsible for project administration to avoid delays in project completion and cost reimbursements. Also, you should review the enclosed Subgrant Award Certificate. This certificate contains important information that applies to this award.

The enclosed Certificate of Acceptance should be completed and returned to the Department within 30 calendar days from the date of award. This certificate constitutes official acceptance of the award and must be received by the Department prior to the reimbursement of any project expenditures.

The Honorable Dixie Spchar
Page Two

We look forward to working with you on this project. If we can be of further assistance, please contact Beth Hamilton at (850)410-8700.

Sincerely,

A handwritten signature in cursive script, reading "Clayton H. Wilder".

Clayton H. Wilder
Community Program Administrator

CHW/BH/mg

Enclosures

State of Florida
Office of Criminal Justice Grants
Florida Department of Law Enforcement
Byrne Formula Grant Program

CERTIFICATE OF ACCEPTANCE OF SUBGRANT AWARD

The subgrantee, through its authorized representative,
acknowledges receipt and acceptance of subgrant award number
04-CJ-J3-11-54-01-016 in the amount of \$27,450,
for a project entitled: Boys & Girls Club Street S.M.A.R.T. Gang
Prevention 3
for the period of 10/01/2003 through 09/30/2004, to be implemented
in accordance with the approved subgrant application, and subject to
the Florida Department of Law Enforcement's conditions of acceptance
and agreement and special conditions governing this subgrant.

(Signature of Authorized Official)

(Date of Acceptance)

(Typed Name of Official)

(Typed Title of Official)

Monroe County

(Name of Subgrantee)

State of Florida
Office of Criminal Justice Grants
Florida Department of Law Enforcement
Byrne Formula Grant Program

SUBGRANT AWARD CERTIFICATE

Subgrantee: Monroe County Board of Commissioners

Date of Award: September 25, 2003

Grant Period: From: 10/01/2003 To: 09/30/2004

Project Title: Boys & Girls Club Street S.M.A.R.T. Gang
Prevention 3

Grant Number: 04-CJ-J3-11-54-01-016

Federal Funds: \$27,450.00

State Agency Match:

Local Agency Match: \$9,150.00

Total Project Cost: \$36,600.00

Program Area: 04A

Award is hereby made in the amount and for the period shown above of a subgrant under Title I of the Omnibus Crime Control and Safe Streets Act of 1968, P.L. 90-351, as amended, and the Anti-Drug Abuse Act of 1988, P.L. 100-690, to the above mentioned subgrantee and subject to any attached or special conditions.

This award is subject to all applicable rules, regulations, and conditions as contained in the Financial and Administrative Guide for Grants, Guideline Manual 7100.1D, Office of Justice Programs, Common Rule for State and Local Governments and A-87, or OMB Circulars A-110 and A-21, in their entirety. It is also subject to such further rules, regulations and policies as may be reasonably prescribed by the State or Federal Government consistent with the purposes and authorization of P.L. 90-351, as amended, and P.L. 100-690.

SUBGRANT AWARD CERTIFICATE (CONTINUED):

This grant shall become effective on the beginning date of the grant period provided that within 30 days from the date of award, a properly executed Certificate of Acceptance of Subgrant Award is returned to the Department.

Clayton H. Wilder

Authorized Official
Clayton H. Wilder
Community Program Administrator

9-25-03

Date

Application for Funding Assistance
Florida Department of Law Enforcement
Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program

Please read instructions before completing this application.

- The term "Department", unless otherwise stated, refers to the Department of Law Enforcement.
- The term "OCJG" refers to the Office of Criminal Justice Grants.
- The term "subgrant recipient" or "subgrantee" refers to the governing body of a city, county, state agency, or an Indian Tribe that performs criminal justice functions as determined by the U.S. Secretary of the Interior.
- The term "implementing agency" is a subordinate agency of a city, county, state agency, or Indian Tribe, or an agency under the direction of an elected official (for example, Sheriff or Clerk of the Court). It may also be an entity eligible to be a subgrantee (ex. City of Live Oak)
- Instructions are incorporated in this document by reference.

A. Subgrant Data									
1. This section to be completed by Subgrantee Continuation of Previous Subgrant? Yes If Yes, enter CJ Contract # of Previous Subgrant <u>SFY 2003 CJ Contract #</u> 2003- CJ - <u>CJ</u> - <u>5A</u> - <u>11</u> - <u>54</u> - <u>107</u>		2. This section to be completed by OCJG <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Project ID # <u>2001-127</u></td> <td style="width: 33%;">Program Area #: <u>04A</u></td> <td style="width: 33%;">CFDA #: 16.579</td> </tr> <tr> <td colspan="3">SFY 2004 CJ Contract # <u>2004 - CJ - 23 - 11 - 54 - 01 - 011e</u></td> </tr> </table>		Project ID # <u>2001-127</u>	Program Area #: <u>04A</u>	CFDA #: 16.579	SFY 2004 CJ Contract # <u>2004 - CJ - 23 - 11 - 54 - 01 - 011e</u>		
Project ID # <u>2001-127</u>	Program Area #: <u>04A</u>	CFDA #: 16.579							
SFY 2004 CJ Contract # <u>2004 - CJ - 23 - 11 - 54 - 01 - 011e</u>									
B. Applicant Information									
1. Subgrant Recipient (Subgrantee)									
Name of Subgrant Recipient (Unit of Government): Monroe County Board of County Commissioners Name of Chief Elected Official / State Agency Head: Dixie Spehar Title: Mayor Address: 500 Whitehead Street City, County, State, Zip Code: Key West, FL 33040 E-mail Address: spehar-dixie@monroecounty-fl.gov			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">County : Monroe</td> </tr> <tr> <td style="text-align: center;">Area Code / Phone # 305-292-3440</td> </tr> <tr> <td style="text-align: center;">SUNCOM #</td> </tr> <tr> <td style="text-align: center;">Area Code / Fax # 305-292-3466</td> </tr> </table>	County : Monroe	Area Code / Phone # 305-292-3440	SUNCOM #	Area Code / Fax # 305-292-3466		
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Area Code / Phone # 305-292-3440									
SUNCOM #									
Area Code / Fax # 305-292-3466									
2. Chief Financial Officer of Subgrant Recipient (Subgrantee)									
Name of Chief Financial Officer: Danny L. Kolhage Title: Clerk of the Circuit Court Address: 500 Whitehead Street City, County, State, Zip Code: Key West, FL 33040 E-mail Address:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">County Monroe</td> </tr> <tr> <td style="text-align: center;">Area Code / Phone # 305-292-3550</td> </tr> <tr> <td style="text-align: center;">SUNCOM #</td> </tr> <tr> <td style="text-align: center;">Area Code / Fax # 305-295-3663</td> </tr> </table>	County Monroe	Area Code / Phone # 305-292-3550	SUNCOM #	Area Code / Fax # 305-295-3663		
County Monroe									
Area Code / Phone # 305-292-3550									
SUNCOM #									
Area Code / Fax # 305-295-3663									
3. Implementing Agency									
Name of Implementing Agency: Monroe County Board of County Commissioners Name of Chief Executive Official / State Agency Head / Subgrantee representative (if a subordinate agency of the subgrant recipient): James L. Roberts Title: County Administrator Address: 1100 Simonton Street City, County, State, Zip Code: Key West, FL 33040 E-mail Address: roberts-james@monroecounty-fl.gov			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">County Monroe</td> </tr> <tr> <td style="text-align: center;">Area Code / Phone # 305-292-4441</td> </tr> <tr> <td style="text-align: center;">SUNCOM #</td> </tr> <tr> <td style="text-align: center;">Area Code / Fax # 305-292-4544</td> </tr> </table>	County Monroe	Area Code / Phone # 305-292-4441	SUNCOM #	Area Code / Fax # 305-292-4544		
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4. Project Director	
Name of Project Director: David P. Owens (Implementing Agency Employee) Title: Grants Administrator Address: 1100 Simonton Street City, County, State, Zip Code: Key West, FL 33040 E-mail Address: owens-david@monroecounty-fl.gov	County Monroe <hr/> Area Code / Phone # 305-292-4482 <hr/> SUNCOM # <hr/> Area Code / Fax # 305-292-4515
5. Contact Person	
Name of Contact Person: same as project director (if other than Project Director) Title: Address: City, County, State, Zip Code: E-mail Address:	County Monroe <hr/> Area Code / Phone # <hr/> SUNCOM # <hr/> Area Code / Fax #
6. Person Responsible For Financial Reporting (if known)	
Name: David P. Owens Title: Grants Administrator Address: 1100 Simonton Street City, County, State, Zip Code: Key West, FL 33040 E-mail Address: owens-david@monroecounty-fl.gov	County Monroe <hr/> Area Code / Phone # 305-292-4482 <hr/> SUNCOM # <hr/> Area Code / Fax # 305-292-4515
7. Person Responsible For Programmatic Performance Reporting (if known)	
Name: David P. Owens Title: Grants Administrator Address: 1100 Simonton Street City, County, State, Zip Code: Key West, FL 33040 E-mail Address: owens-david@monroecounty-fl.gov	County Monroe <hr/> Area Code / Phone # 305-292-4482 <hr/> SUNCOM # <hr/> Area Code / Fax # 305-292-4515
8. Service Provider Contact Person	
Name: Daniel R. Dombroski, MSW Title: Executive Director Address: 1400 B United Street City, County, State, Zip Code: Key West, Monroe, FL 33040 E-mail Address: bgckeydsan@bellsouth.net	County Monroe <hr/> Area Code / Phone # 305-296-2258 <hr/> SUNCOM # <hr/> Area Code / Fax # 305-296-4632

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C. Administrative Data		
1. Project Title: Boys and Girls Club Street SMART Gang Prevention		
2. Identify the year of the project (I, II, III, etc.) III		
3. Project period	Start: 10/01/03	End: 09/30/04
D. Fiscal Data		
Remit Warrant to: (This may only be either the individual listed in B2 (Subgrantee CFO) or a designee in their office. If B2 is selected, do not reenter the contact information. This is only needed for designee.)		
B2 OR DESIGNEE <u>XXX</u> Name: Title: Address: City, State, Zip Phone Number:		
2. Is the subgrantee participating in the State of Florida Comptroller's Office <u>electronic transfer program</u> ? (Reimbursement cannot be remitted to any entity other than the subgrantee.) Yes <u>XX</u> No		
3. Frequency of Fiscal Reporting: Monthly _____ Quarterly <u>XXX</u>		
4. Subgrant Recipient FEID #: 59-6000749		
5. State Agency SAMAS #: _____		
6. Project Generated Income (PGI): Will the project earn PGI? (See Section G, Item 9.) Yes _____ No <u>XX</u>		
7. Cash Advance: Will you request an advance? Yes _____ Amount _____ No <u>XX</u> If yes, a letter of request must be submitted with the application or prior to submission of the first claim for reimbursement. Amount requested must be justified and accepted by FDLE.		

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E. Project Narrative

- 1. Problem Identification:** Briefly describe a specific problem to be addressed with subgrant funds in terms of Problem Description, Problem Significance and Needs Assessment, as described in the application instructions. Continue narrative on a second page if necessary. Do not exceed two pages. Use a readable size font, per instructions.

1a Too many children today grow up with few, if any, positive role models and little, if any encouragement to resist alcohol, tobacco, other drugs, delinquent acts, or sexual activity. The norm and expectation for these young people, whether perceived or real, is that it is almost a "rite of passage" to participate in these destructive and often dangerous behaviors or actions. Not only is this the perception of young people themselves but often the perception of the adults in their lives whose passive resignation encourages rather than discourages these behaviors. While young people are often taught skills to prepare them to face educational challenges, at critical stages of psychological, emotional and intellectual development they are often not taught the skills needed to make the successful transition from childhood to adulthood and to resist engaging in delinquent behaviors, premature sexual activity, or experimenting with drugs and alcohol. The Boys and Girls Club is committed to offering positive after school programs for youth in the community that address the issues of tobacco, alcohol, drugs, premature sexual activity, violence, STD's, gang activity, and healthy life skills choices.

1b In Monroe County, a high percentage of families with children are single parent homes or families with annual incomes of less than \$22,000. Many are receiving subsidized childcare support and, due to the high cost of living and the lack of affordable housing, most parents are forced to work two jobs. This results in a tremendous number of latch key children being left with little or no adult supervision during the critical after school hours, school holidays, and vacations. While these young people seem particularly vulnerable, statistics and experience make it crystal clear that all children are at risk in the after school hours if left unsupervised. The problem transcends demographics.

1c At the end of each school day, nearly 4,700 children from the city of Key West and another 4,286 children from the remainder of Monroe County will leave the safety of their classrooms. Some will go home to a parent, some will go to an extracurricular activity and some will go to work. But many children will go it alone. Lacking adult supervision or access to an after school program, these children will be in danger. We know from various studies and statistics that the rate of juvenile-related crime actually doubles during the after school hours. This period of time is when a youth is most likely to commit a sexual assault, become involved in substance abuse, sexual activities or crime. The Boys and Girls Club fills that void and reduces the risk of criminal and anti-social behaviors by offering positive after school programming for children.

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- 2. Project Description:** Briefly describe proposed project activities. Refer to Appendix II, Part 1, Pages 1-3 for a description of eligible project areas). You should include project goals, administration, enhancement/expansion, staff, service providers, clients or other participants, equipment, location, and expected project results, as described in the application instructions

This section should address the basic points of who, what, when, where, and how.

Continue on additional pages if necessary; do not exceed three pages.

2a In conjunction with the Boys and Girls Club, existing after school recreational, sports, arts and crafts and academic programs the funding from this project have allowed us to expand and offer the SMART moves programs to the population of youth served.

2b Our goals, with continued funding, are for the Boys and Girls Club to hire an experienced preventive worker and be able to open and offer programming and services at our Teen Center five nights per week (it is currently open only two nights a week). We also hope to expand the number of youth served as well as establish satellite programs in the Big Pine and Marathon areas.

2c For twenty years, first as the Florida Youth Center and then later as the Boys and Girls Clubs of the Keys Area, our organization has been at the forefront of youth and character development, working with young people from disadvantaged economic, social, and family circumstances. The Boys and Girls Club of the Keys currently holds a Universal Prevention License for the Florida Department of Children and Families, and is managed by a local board of directors.

Our goal and commitment over the next funding cycle is to continue and enhance our efforts with our SMART Moves preventive programs. These preventive programs are age specific and designed to encourage collaboration, interaction, support and education among Club staff, youth, parents and community service providers. The SMART Moves program serves as the foundation for SMART Parents; SMART Girls; Passport to Manhood, Act Smart and Street Smart. In addition to continuing to enhance our efforts with our SMART MOVES programs, we will continue with our efforts to improve and expand our academic tutoring program, Power Hour, which currently provides academic assistance to over 20 youth daily at our May Sands office. Expansion and formalizing of the Club's commitment to various community service projects will be enhanced. The Club feels that it is important for our members to give something back to the community which fosters each child's belief that he/she is part of a larger community.

An additional goal is to be able to afford to open our existing Teen Center 5 days per week and on weekends. Currently, our budget only affords us to utilize this valuable resource two nights weeks, weekdays during the summer and during school vacations.

2d n/a

2e The funding from this project would allow the Boys and Girls Club to hire a qualified Teen Prevention worker who would be responsible for supervising and coordination the Smart Moves programs as well as other services for our teenage population. In addition, the funding would allow us to continue to have a Certified Addiction Prevention Professional counselor available to our youth for group and individual work.

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2f Although not directly supported from funds from this project, the Club has a computer lab available for the youth to use everyday for homework, projects etc.

2g The club operates at three different sites: May Sands School, Bayview Park, and the Teen Center. All are within the city of Key West and in Monroe County.

2h Our Smart Moves programs are designed to be small, focused, age specific and at times gender specific groups that will meet formally at least once per week for one hour. These groups are designed to encourage collaboration, interaction, support from activities such as community service projects, formal discussion academic tutoring, arts and crafts and recreational and cultural activities. Activities with each group can range from formal discussions or educational groups to informal outings or activities. Examples of such activities are tutorial sessions, cake sales, dances, cleaning Bayview Park, team building activities and formal discussion groups. We also offer academic tutoring, recreational programs, arts and crafts, trips as well as community service projects.

2i. Targeted youth are those who have experienced involvement in the Juvenile Justice System, weak family structure, lack of a positive role model, poor academic performance behavioral problems in school, absenteeism or truancy, substance abuse by family members.

Also staff observation and parental referrals will also be included in the selection process. The SMART Moves preventive programs will be offered to the youth are deemed at risk by either information at the time of intake, staff observations, or referral from outside agencies. The Boys and Girls Club has an open enrollment policy and is available for all children from the ages of 5 to 18.

2j Attendance and successful completion of the post test evaluation/ interview will determine successful completion of the program. In addition to determine success the Club will remain in contact with the original referral source to assess the individual's progress during and after their participation in the SMART Moves Program, as well as, continued contact after the child completes the programming. The Boys and Girls Club will also document and determine if there is a reduction in the number of incident reports prior to the child's participation in each program and at the conclusion of each program.

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Part I
Community Crime Prevention
State Program Area 04

This document provides guidance for project applications prepared for state program area 04. This includes suggested length of responses for some items as well as identifying specific information to be provided. The narrative should be as concise as possible. Please also see other guidance in application instructions.

Federal Purpose Area

Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions.

State Program Areas approved under Federal Purpose Area 04

04A: Community Crime Prevention

SECTION E: 2. PROJECT DESCRIPTION

NEW PROJECTS

If this is a first year project that begins a new 48 month cycle *and* you seek funding for the *same* previously funded state program area, please describe any *significant* changes in the target population, geographical location, and/or project activities in 300 words or less.

CONTINUATION PROJECTS

If this is year 2 or later for the project, please address the following items.

1. Briefly describe the major accomplishments for each year.

This project year, the Boys and Girls club was able to secure the services of a Certified Drug and Alcohol Counselor to provide services to the youth served by the Club. The Club conducted over 30 drug free events. Our average population each day was between 80 to 90 children and we provided services for over 150 children daily during the summer months. Our Teen center was reopened two nights a week and we collaborated with other agencies in the area to refurbish it and secure the funding for new pool tables and other recreational activities. We expanded our community service opportunities for youth as well as offering over 20 substance abuse educational classes. Our Keystone Leadership Club was reestablished and is providing mentoring services to the Clubs younger children.

2. Briefly describe any major obstacles that were identified the previous year and what approach to overcoming them is incorporated in the current year.

The organization struggled with staff turnover. The organizations Executive Director, Unit Director, and Prevention Worker all left the agency in November and December of 2003. A new Executive Director came on board in November and a new Unit Director was hired in January. Each has a Master's Degree and over 20 years of experience working with children.

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3. If there are any changes or enhancements planned for the current year, please describe them in 300 words or less, including how they will more effectively address the identified problem.

Making the Organization's Teen Center available for programming and activities 5 evenings days per week. It is currently open 2 evenings per week. These enhanced hours will increase the Clubs ability to identify and provide additional service hours for the target group beyond the Club's traditional hours of operation. (Monday to Friday from 1pm to 5pm) The Teen Center will be open from 6pm to 9pm each night. This will assist the Club in enhancing and expanding the SMART MOVES programming during the evening hours and some weekends.

4. If the project will continue to operate as previously established, provide any critical additional information that has not otherwise been addressed in the application in 300 words or less.

NOTE: If your project includes only one service provider, complete the following information for this provider. If your project includes more than one provider, include this information for each provider that you list in the table, including questions in the target group section and the project activities section.

SERVICE PROVIDER / PERSONNEL

1. Identify the service provider agency that will be part of this project.
Boys and Girls Club of the Florida Keys
2. Be sure to include the following information if the provider is known:
 - a. List the Service Provider Name: Boys and Girls Club of the Florida Keys
 - b. Identify the Service Provider's administrative location.
1400-B United Street; Key West, FL
 - c. Will the relationship of the Subgrantee or Governmental Implementing Agency to the Service Provider be a contractual one (ex. non-profit service provider)? Or are they administratively part of either the subgrantee and/or implementing agency (ex. police department or county social service division)?
Contractual.
 - d. Does the agency providing the proposed service require a license? Yes
 - e. List all licenses the Service Provider will use in providing only the services through this contract. Do not list all other licenses the Service Provider holds.
Florida Department of Children and Families Universal Prevention License.
3. If the relationship with the service provider is contractual, will you use competitive bids or sole source procurement? The applicant should note that if sole source procurement is used, and the budgeted amount is greater than \$100,000, preapproval must be obtained from FDLE prior to the reimbursement of funds.

Sole source procurement.
4. If service provision occur at more than one location and/or at a location other than the one identified in item 2 above, please specify all service location addresses.